

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

09942835

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS       | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
|              | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1            |          |        |                       |        | /                      |        |
| 2            |          |        |                       |        | —                      |        |
| 3            |          |        |                       |        | —                      | /      |
| 4            |          |        |                       |        | —                      |        |
| 5            |          |        |                       |        | —                      |        |
| 6            |          |        |                       |        | —                      |        |
| 7            |          |        |                       |        | /                      |        |
| 8            |          |        |                       |        |                        | /      |
| 9            |          |        |                       |        |                        | /      |
| 10           |          |        |                       |        |                        | /      |
| 11           |          |        |                       |        | /                      |        |
| 12           |          |        |                       |        | —                      |        |
| 13           |          |        |                       |        |                        | /      |
| 14           |          |        |                       |        |                        | /      |
| 15           |          |        |                       |        |                        | /      |
| 16           |          |        |                       |        | /                      |        |
| 17           |          |        |                       |        | /                      |        |
| 18           |          |        |                       |        | /                      |        |
| 19           |          |        |                       |        | —                      |        |
| 20           |          |        |                       |        | /                      |        |
| 21           |          |        |                       |        |                        | 2      |
| 22           |          |        |                       |        | —                      |        |
| 23           |          |        |                       |        | —                      |        |
| 24           |          |        |                       |        | —                      |        |
| 25           |          |        |                       |        | —                      |        |
| 26           |          |        |                       |        | —                      |        |
| 27           |          |        |                       |        | —                      |        |
| 28           |          |        |                       |        | —                      |        |
| 29           |          |        |                       |        | —                      |        |
| 30           |          |        |                       |        | —                      |        |
| 31           |          |        |                       |        |                        | /      |
| 32           |          |        |                       |        |                        | /      |
| 33           |          |        |                       |        |                        |        |
| 34           |          |        |                       |        |                        |        |
| 35           |          |        |                       |        |                        |        |
| 36           |          |        |                       |        |                        |        |
| 37           |          |        |                       |        |                        |        |
| 38           |          |        |                       |        |                        |        |
| 39           |          |        |                       |        |                        |        |
| 40           |          |        |                       |        |                        |        |
| 41           |          |        |                       |        |                        |        |
| 42           |          |        |                       |        |                        |        |
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| 45           |          |        |                       |        |                        |        |
| 46           |          |        |                       |        |                        |        |
| 47           |          |        |                       |        |                        |        |
| 48           |          |        |                       |        |                        |        |
| 49           |          |        |                       |        |                        |        |
| 50           |          |        |                       |        |                        |        |
| total indep  |          |        |                       |        | 7                      |        |
| total depend |          |        |                       |        | 11                     |        |
| total claims |          |        |                       |        | 18                     |        |

|              | *     |        | *     |        | * |
|--------------|-------|--------|-------|--------|---|
|              | Indep | Depend | Indep | Depend |   |
| 51           |       |        |       |        |   |
| 52           |       |        |       |        |   |
| 53           |       |        |       |        |   |
| 54           |       |        |       |        |   |
| 55           |       |        |       |        |   |
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| 90           |       |        |       |        |   |
| 91           |       |        |       |        |   |
| 92           |       |        |       |        |   |
| 93           |       |        |       |        |   |
| 94           |       |        |       |        |   |
| 95           |       |        |       |        |   |
| 96           |       |        |       |        |   |
| 97           |       |        |       |        |   |
| 98           |       |        |       |        |   |
| 99           |       |        |       |        |   |
| 100          |       |        |       |        |   |
| Total indep  |       |        |       |        |   |
| Total Depend |       |        |       |        |   |
| Total Claims |       |        |       |        |   |

# CLAIMS ONLY

Application Number

09942835

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS       | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
|              | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1            |          |        |                       |        | /                      |        |
| 2            |          |        |                       |        | —                      |        |
| 3            |          |        |                       |        |                        | /      |
| 4            |          |        |                       |        | —                      |        |
| 5            |          |        |                       |        | —                      |        |
| 6            |          |        |                       |        | —                      |        |
| 7            |          |        |                       |        | /                      |        |
| 8            |          |        |                       |        |                        | /      |
| 9            |          |        |                       |        |                        | /      |
| 10           |          |        |                       |        |                        | /      |
| 11           |          |        |                       |        | /                      |        |
| 12           |          |        |                       |        | —                      |        |
| 13           |          |        |                       |        |                        | /      |
| 14           |          |        |                       |        |                        | /      |
| 15           |          |        |                       |        |                        | /      |
| 16           |          |        |                       |        | /                      |        |
| 17           |          |        |                       |        | /                      |        |
| 18           |          |        |                       |        | /                      |        |
| 19           |          |        |                       |        | —                      |        |
| 20           |          |        |                       |        | /                      |        |
| 21           |          |        |                       |        |                        | 2      |
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| 50           |          |        |                       |        |                        |        |
| Total Indep  |          |        |                       |        | 7                      |        |
| Total Depend |          |        |                       |        | 11                     |        |
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|              | Indep | Depend | Indep | Depend | Indep | Depen |
|--------------|-------|--------|-------|--------|-------|-------|
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| 100          |       |        |       |        |       |       |
| Total Indep  |       |        |       |        |       |       |
| Total Depend |       |        |       |        |       |       |
| Total Claims |       |        |       |        |       |       |